DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39555

DEC 15 1939

Registration District No. 2297 — Primary Registration District No. 5414 — Registrar's No. 92

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Rural R.F.D.#1, St. Johns Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Res. Washington, Mo. R.F.D.#1. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No. In this community (Specify whether years, months or days): 37 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Washington, Mo. R.F.D.#1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: EMMA HOELSCHER
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fritz E. Hoelscher
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: April (Month) 16 (Day) 1871 (Year)

8. AGE: Years 68 | Months 6 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace: Dissen (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Henry Beckmann
FATHER 13. Birthplace: Dissen (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Catherina Kappelmann
MOTHER 15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant's own signature: Fritz E. Hoelscher
(b) Address: Washington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 12, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington, Mo.
18. (a) Signature of funeral director: Meckus & Witt, Inc.
(b) Address: Washington, Missouri
19. (a) Nov. 10, 1939 (Date received local registrar) (b) R. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 8 year: 1939 hour: ____ minute: 12:00 noon
21. I hereby certify that I attended the deceased from June 28, 1939, to Nov. 8, 1939, that I last saw her alive on Nov. 8, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	Don't know
Due to: Don't know	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Don't know	Don't know
Major findings: Of operations: Don't know	
Of autopsy: None	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): ✓
(b) Date of occurrence: ✓
(c) Where did injury occur? (City or town) (County) (State): ✓
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place): ✓
While at work? ✓ (e) Means of injury: ✓

23. Signature: R. R. Creeley (M. D. or other) M.D.
Address: Washington, Mo. Date signed: 11/10/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Lester H. Witt, Registered Apprentice No. ..... working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.